

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 6-93c)

See Instructions and *Privacy
Statement On Reverse Side

Page _____ of _____ Pages

CLAIMANT'S NAME

Oswald Steward

SSN or EMPLOYEE NUMBER*

DEPARTMENT

POSITION

ICOC Member

CB/ID No.

DIVISION or BUREAU

SAME AS Residence

INDEX NUMBER

RESIDENCE ADDRESS *

HEADQUARTERS ADDRESS

TELEPHONE NUMBER

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY	
(2) DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(G) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES			AMOUNT
3/11		Irvine to SFO roundtrip				33.19 52.52		219.40	A	133.00			385.59 404.92	
													0.00	
													0.00	
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(10) SUBTOTALS			0.00	0.00	0.00	52.52	0.00	219.40		133.00	0	0.00	0.00	404.92
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													385.59 404.92	

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Attend Grants Working Group Meeting March 17, 2011 - San Francisco Marriott

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

3-29-11

(16) EMPLOYER'S SIGNATURE

DATE OF PAYMENT

DATE

DATE

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)